

PATENT NUMBER

## U.S. UTILITY Patent Application

**O.I.P.E.**

PATENT DATE

SCANNED

184 on 1 A

|                              |            |              |                 |                  |                          |
|------------------------------|------------|--------------|-----------------|------------------|--------------------------|
| APPLICATION NO.<br>09/705134 | CONT/PRIOR | CLASS<br>333 | SUBCLASS<br>233 | ART UNIT<br>2817 | EXAMINER<br>B. <i>ee</i> |
|------------------------------|------------|--------------|-----------------|------------------|--------------------------|

| TITLE                         | APPLICANTS |
|-------------------------------|------------|
| 1. <b>Administrative</b>      |            |
| 2. <b>Business</b>            |            |
| 3. <b>Education</b>           |            |
| 4. <b>Engineering</b>         |            |
| 5. <b>Health</b>              |            |
| 6. <b>Law</b>                 |            |
| 7. <b>Science</b>             |            |
| 8. <b>Social Sciences</b>     |            |
| 9. <b>Arts and Humanities</b> |            |
| 10. <b>Other</b>              |            |

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On-chip multilayer metal shielded transmission line

PTO-2040  
12/89

**ISSUING CLASSIFICATION**

[illegible]

|  |  |             |                                   |              |
|--|--|-------------|-----------------------------------|--------------|
| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>  | <b>DRAWINGS</b>                              |             | <b>CLAIMS ALLOWED</b>             |              |
|  | Sheets Drwg.                                 | Figs. Drwg. | Print Fig.                        | Total Claims |
| <input type="checkbox"/> The term of this patent<br>subsequent to _____ (date)<br>has been disclaimed.   | _____<br>(Assistant Examiner) (Date)         |             | <b>NOTICE OF ALLOWANCE MAILED</b> |              |
|  |  |             |                                   |              |
| <input type="checkbox"/> The term of this patent shall<br>not extend beyond the expiration date<br>of U.S Patent. No. _____<br><br>_____<br><br>_____  | _____<br>(Primary Examiner) (Date)           |             | <b>ISSUE FEE</b>                  |              |
|  |  |             | Amount Due                        | Date Paid    |
| <input type="checkbox"/> The terminal ____ months of<br>this patent have been disclaimed.  | _____<br>(Legal Instruments Examiner) (Date) |             | <b>ISSUE BATCH NUMBER</b>         |              |
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